

BLOFIELD RURAL DISTRICT COUNCIL.

Report of the Medical Officer of Health for the year 1908.

To the Chairman, Ladies and Gentlemen of the
Blofield Rural District Council.

Ladies and Gentlemen,

I beg to submit the following Report on the health and sanitary condition of your District for the year 1908.

POPULATION.

Basing my calculations on the fact that the population at the census of 1901 showed that a decrease at the average rate of 30 per annum had taken place during the previous ten years, and surmising that the depopulation of the District has continued at the same rate since then, I estimate the population at the middle of 1908 to be 10,718. This figure does not include the population of the County Asylum.

BIRTHS.

The number of births registered was 257, which gives a birth-rate of 23.8. This is slightly above the average of the last ten years in the District, but below that of Rural England and Wales, which for the year 1908 stands at 26.2

Illegitimate births number 13. This shows no increase.

DEATHS.

The total number of deaths registered was 151 which is four above the average of the last ten years and gives a death-rate of 14.0. Although this is somewhat higher than in the year 1907, when it was 12.2, and in the year 1906 when it was 11.4, yet it may be considered satisfactory for a Rural District. At all events it is a lower rate than that for the whole of Rural England and Wales which has been found to be 14.7 for the past year.

INFANTILE MORTALITY.

I have to record a sudden rise in the number of deaths of infants under one year. For the past ten years the District has been favoured with a singularly low infantile mortality. The average annual number of deaths of infants under one year has been 25 and the infantile mortality rate (at per 1,000 births) has been 95. In 1908 the number of deaths has risen to 33 and the rate per 1,000 births to 128. Such inequalities in statistical results are not uncommon where small figures are dealt with, but in this case it naturally leads to a careful study of the figures in Table V to discover, if possible, a cause for this increased infant death-rate.

A reference to this Table will show that only two deaths were due to zymotic disease viz: Whooping Cough. Two deaths are included under "Diarrhoeal diseases." One of these occurred in the month of April, a time of year when zymotic diarrhoea is uncommon; the other was in August and the registered cause of death was "diarrhoea, 4 days, marasmus." Having regard to the time of year and to the fact that the diarrhoea was acute, it is probable that this child died from infected food. The addition of "marasmus" to the certified cause of death would show that the infant was either ill-nourished or constitutionally weak, but there is little doubt but that the death should be included among those of "Preventable deaths of infants."

From a further study of this Table it is found that Premature Birth is the cause assigned for the deaths of eight infants and that the same number of deaths are found under the heading "Atrophy, Debility, or Marasmus." Thus sixteen, or just one half the total



number of deaths, are at once accounted for. It is difficult to give reasons for the comparatively large number of deaths due to premature birth in a District where female labour is little employed and where the conditions of life of child-bearing women are on the whole favourable.

The number is unusual and to a great extent explains the heavy infant death-rate of 1908. Among the eight children whose deaths were registered as due to the "wasting" diseases Atrophy, Debility, and Marasmus, there were some no doubt, who were the subjects of hereditary weakness but it is to be feared that many were the victims of improper feeding by ignorant mothers and these must be included in the list of "preventable deaths."

The remaining group in this Table which attracts attention is that of five deaths from Bronchitis. The badly ventilated draughty cottages with ill-fitting doors, in which many of the infants of the poorer classes in the country are reared, may be held responsible for some of these.

Though better housing would diminish the dangers which surround a cottager's infant, yet perhaps more important still is the education of the mother in the care of her child. I strongly urge the continuance of the practice, which I find is falling into disuse, in the District of giving every mother, at the time of the registration of the birth of her child, a copy of Miss Bernard Boyce's valuable Pamphlet.

OLD AGE MORTALITY.

There were 60 deaths of persons at ages over 65 out of a total of 151 deaths at all ages. This is a lower proportion than usual and may be due to the effect of a somewhat mild Winter reducing the number of deaths from bronchitis among elderly people.

ZYMOTIC DISEASE.

Cases notified - 46 - Rate per 1,000 population 4.29

Zymotic Death-rate (seven diseases) 1.02

The forty six notified cases of infectious disease represents an average number for the District. There are included in this number ten cases of Erysipelas, three of which were notified from the County Asylum. Towards the end of the year there was an outbreak of Scarlet Fever at Thorpe St. Andrew, ten cases being notified; and at about the same time seven cases of this disease were notified from Blofield and the adjoining parish of Hemblington. In the months of February and March five cases of Diphtheria were notified from the low lying part of Limpenhoe. With these exceptions notifiable infectious disease was sporadic.

Two deaths were due to Enteric Fever; one to Diphtheria; two to Diarrhoea and six to Whooping Cough. This gives a Zymotic Death-rate of 1.02

Locality.	Enteric.	Diphtheria.	Scarlet	Erysipelas.	Totals.
			Fever.		
Acle.			1		1
Asylum.			3		3
Blotfield.		1	5		7
Brundall.	1	1			2
Burlingham			1		1
Freethorpe			1		1
Gt. Plumstead		1			1
Halvergate			1		1
Hassingham			1		1
Hemblington			2		2
Limpenhoe		5			5
Lingwood			2		2
Panxworth	5				5
Ranworth			1		1
Reedham	1				1
Thorpe St. Andrew	1		10		11
Upton			1		1
Totals	8	8	20	10	46

ENTERIC FEVER.

Of the eight notified cases, five were members of the same family so that there were but four infected houses. The cases were quite independent of each other, of course excepting the five in the same house. The history of these latter is interesting and instructive, showing very clearly the value of a trained nurse in preventing the spread of infection. An efficient nurse will rarely take the disease from a patient suffering from Enteric Fever herself and ought certainly to secure immunity from infection for the other members of the household. I did not receive notification of these cases until some of them had been in existence several weeks, but from enquiries I made it appeared that the first case was that of a girl aged 17, who lived in Norwich and spent her week ends at home. She was nursed by her mother and sister; both of whom contracted the disease. The mother in her turn was nursed by two other daughters, both of these became infected and one died. The only members of the household who escaped were the father and a son, who of course had but a small share in the nursing of the sick. Great difficulty was experienced in obtaining proper nursing for these patients and it was only for the last three weeks that the services of a nurse were secured. The position in life of the patients was such as to preclude them from parochial assistance, and at the same time they were quite unable to afford the heavy expense attendant on the employment of a trained nurse for several weeks.

Section 67 (Part IV.) of the Public Health Acts Amendment Act, 1907 dealing with "The Provision of Nursing Attendance by Local Authority" would exactly meet a case of this description. In order to be in a position to deal with such a case in the future I advise that application be made to the Local Government Board for an Order declaring Part IV of this Act to be in force in the District. There are many other sections of this part of the Act, dealing with infectious disease, which would be of great use were it adopted for the District.

DIPHTHERIA.

Notification was received of eight cases of Diphtheria, one being fatal. Three were isolated cases independent of the others, and the remaining five occurred in that part of the parish of Limpenhoe known as "The Common." This locality consists of a few acres of land raised only a foot or two above the marsh by which it is surrounded. It carried several cottages and its chief crops are Enteric Fever and Diphtheria. Though efforts have been made towards improvement, the sanitation of this patch remains very unsatisfactory.

The water supply and the drainage are alike a difficulty.



In all cases of Diphtheria among school children a certificate from a medical man, stating that the throat has been shown by bacteriological examination to be free from infection, is required before the child can return to school.

SCARLET FEVER.

Twenty cases were notified, being a rate of 1.86 to 1,000 population. There were no deaths. Ten cases were notified from Thorpe St. Andrew and formed part of a tedious outbreak at the end of the year which was protracted into 1909. Seven cases (affecting three families) formed a group in the North end of Blofield and the adjoining parish of Hemblington. The remaining three cases were sporadic.

In all cases of Scarlet Fever a sheet of "Instructions to Householders" has been sent accompanied by a supply of Jeye's Fluid. At the end of the case each cottage has been fumigated with Formic Aldehyde vapour and the children have not been allowed to return to school until a certificate has been given by a medical man stating that they are free from infection.

TUBERCULOSIS.

There were thirteen deaths from Pulmonary Phthisis (Lung Consumption) giving a Phthisis death-rate of 1.21. In addition six deaths (all of children under five years of age) were registered as due to other forms of tubercular disease, making a total of nineteen deaths and a tubercular death-rate of 1.77

One cottage in which a death from consumption had occurred has been thoroughly disinfected by the Inspector of Nuisances.

The Public Health (Tuberculosis) 1908 Regulations came into force on Jan. 1st 1909. They refer only to "Poor Persons" suffering from pulmonary phthisis, and up to the present (March) only two cases have been notified. It is not likely therefore to afford much scope for combating consumption in the District. Were a system of voluntary notification instituted, and a reasonable fee offered medical men for notifying, there is no doubt that a considerable number of cases of Consumption would be brought to my notice and an opportunity afforded for carrying out some of the many valuable recommendations for the control of the disease contained in the memorandum just issued by the Medical Officer of the Local Government Board.

ISOLATION HOSPITAL.

The Lingwood Workhouse is provided with an Isolation Block which is used, when occasion arises, in connection with this institution. It served a useful purpose some ten years ago when a casual inmate was discovered to be suffering from Smallpox.

The County Asylum has also provision for the isolation of infectious disease.

For the District at large, however, no Isolation Hospital is provided.

In order to be practically useful in cases of Diphtheria and Scarlet Fever an Isolation Hospital requires to be maintained in such a state of preparedness as to be ready for the immediate admission of a patient, and a suitable carriage must be in readiness for the conveyance of the patient to the hospital. My experience as your Medical Officer of Health for twenty four years leads me to the conclusion that the expense involved in the carrying out of these conditions would be altogether out of proportion to the benefits derived from it.

The population of the District (which is agricultural) is very scattered and in many instances the cottage in which the patient is living forms a very fair hospital, but nevertheless cases occasionally do occur in the more crowded parts of villages where the convenience afforded by an Isolation Hospital would be welcome.

In estimating the advantage that would result from an Isolation Hospital in the Blofield Rural District reference should be made to the tables giving the distribution of infectious disease which have appeared in my Annual Reports for the last few years. A glance at the tables will show how seldom the District has suffered from infectious disease in epidemic form, and how often a single case of Diphtheria or Scarlet Fever has appeared in a village and no other cases have followed it.

Treatment of such cases in an Isolation Hospital would have been very costly with no corresponding advantage in preventing the spread of infectious disease.

With reference to Smallpox I consider it of importance to be prepared with some pre-arranged scheme to meet the emergency of its sudden introduction into the District. With this object in view I suggest that a contract should be entered into with a firm willing to keep in readiness and erect without delay a small iron hospital in any part of the District where it might be required. In this way, at a small cost, much valuable time might be saved when any delay in the isolation of the first case would prove disastrous.

VACCINATION.

In the Blofield Sub-District.

Primary Vaccinations.	195
Exempted under Conscience Clause.	26
Summonses.	0
Re-vaccination by Public Vaccinator.	1

In the South Walsham Sub-District.

Primary Vaccinations.	98
Exempted under Conscience Clause.	13
Summonses.	0
Re-vaccinations by Public Vaccinator.	0


In the whole District.

<u>Year.</u>	<u>Births</u>	<u>Primary Vaccinations.</u>	<u>Exemptions.</u>
1905	279	252	6
1906	243	243	17
1907	249	215	13
1908	257	203	39

From the above tables it will be seen that advantage has been taken of the greater facilities afforded by the new Vaccination Act for ignorant and careless parents to deny their children protection against one of the most terrible infectious diseases known. Up to the present the District has been well protected, so far as primary vaccination went, but looking to the future it is to be feared that there will be an ever increasing number of young persons altogether unprotected by vaccination. This fact should be borne in mind when considering my suggestion with regard to the provision of an Isolation Hospital for Smallpox.

SANITARY CONDITION OF THE DISTRICT.

The work carried out by Mr. Claude King, who was appointed Inspector of Nuisances at the beginning of the year, has fully justified the remarks made concerning him in my Annual Report for 1907. Although not a full time officer, Mr. King has devoted a large share of his time and energy to his duties as Sanitary Inspector, and owing to the technical knowledge he possesses whatever work he has taken in hand has been well done. The rapidly filling pages of his Report Book are evidence of the large amount of sanitary work that has engaged his attention, and I only regret that the time at the disposal of the Council does not admit of these reports being considered at the fortnightly meetings.



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WATER SUPPLY.

With the exception of Thorpe St. Andrew, which to a certain extent is supplied from the mains of the Norwich Waterworks Company, the District is dependent for its water supply on wells. The supply of dwellinghouses situated by the river or on marsh land is often precarious, and in many instances drinking water has to be brought from a great distance. Tanks are provided for the storage of rain water to supply some of the marsh cottages, and water taken from the river is not infrequently used for drinking purposes by those living on its banks. Where water of doubtful quality is used I constantly urge the necessity of having it rendered safe by boiling.

One new well has been sunk and five wells have been cleaned out and repaired.

DRAINAGE.

During the past year no fresh work has been done in connection with public drains. In recent years the drainage of the villages of Acle, Blofield, Freethorpe, and Upton has been greatly improved. In these villages the road surface water drains have been adapted to the carriage of sewage and the pipes continued so that the outfall may be removed to a distance from any dwelling house. The road gullies have been trapped and ventilation shafts erected, but up to the present no attempt has been made to treat the sewage at the outfalls.

At Acle the extension of the drain laid in 1907 works well in spite of the fact that only a very slight fall was obtainable. There have been no complaints received of any nuisance at the outfall, which is far removed from any dwellinghouse.

At Freethorpe the outfall is not altogether satisfactory and would be improved by extending the pipes some twenty yards.

At Thorpe St. Andrew there is every prospect of the long promised, and much needed, system of drainage shortly becoming an accomplished fact. Details of the proposed scheme will be found in this report under the heading of Thorpe Village.

BRUNDALL. This village is becoming increasingly popular as a residential locality and recently a number of houses have been built, for each of which a cesspool has been sunk for the reception of sewage. New roads moreover have been made offering frontage for a large number of building sites. Already the existing cesspools give rise to nuisances attendant on the frequent emptyings required and as they increase in number the purity of the water supply is likely to become endangered. There is no doubt that in the near future a proper system of sewage will be a necessity for this village, and I think the time has arrived when the Council as well as the inhabitants of Brundall might consider whether it would not be more economical and better in every way to provide an efficient system of sewage disposal before further building is proceeded with.

Twenty five cases involving structural alterations in drains on private property have been dealt with, and four foul ditches have been cleaned out during the year.

PRIVIES AND ASHPITS.

As might be expected in a Rural District, a large proportion of the insanitary conditions met with are in connection with privies. At the time of my appointment as your Medical Officer of Health, now twenty four years ago, one privy was generally understood to be ample provision for the requirements of two families. The standard of comfort and decency has since that time been considerably raised and I now venture to ask for the support of the Council in an attempt to secure for each household a privy to which they may have the exclusive right. In addition to the very great discomfort and inconvenience occasioned by two families sharing one privy, difficulties are constantly arising where there is a division of responsibility in keeping these places clean.

The plans to scale for both pail and bin privies which have been prepared by the Inspector of Nuisances have my entire approval, and if copies of these were furnished to property owners in

all cases where new privies were ordered to be built an improvement in the privy accommodation of the District would soon become evident.

During the year eighteen new privies have been built on the pail system and two with bins. There have also been 122 bin privies converted to the pail system, and 166 privies repaired.

Three new ashpits have been built and six have been altered or repaired.

COTTAGE ACCOMMODATION.

I have nothing to add to the remarks made in my Annual Report for 1907 and in reports for previous years (1903 & 1906) on the subject of the general condition of the cottages in the District.

During the year, under the Housing of the Working Classes Act, 1890, I have reported two dwellinghouses as "unfit for human habitation." With respect to one of these a closing order was obtained and the house remains unoccupied. In the other case, up to the present no definite action has been taken.

A Register of dwellinghouses has been commenced by the Inspector of Nuisances and to the end of the year descriptions of the sanitary conditions of 143 dwellinghouses in the District had been collected.

SUPERVISED PREMISES.

Slaughter Houses. Bye-laws with respect to slaughter houses have been in force in the District for some years with good effect. One new slaughter house has been added to the list at Reedham. It is suitably placed at a distance from dwellinghouses and proper provision has been made for the disposal of blood and offal without giving rise to a nuisance.

Dairies and Cowsheds. Bye-laws have been in force in the District since May 1st., 1905 but in many instances they remain inoperative owing to the faulty construction of the premises. During the year I have, in company with the Inspector, paid many visits to the premises of registered Cowkeepers and made detailed notes of their sanitary condition. In only a few instances I have found the lighting, ventilation, drainage, and construction of the floors up to the standard evidently demanded by the bye-laws which have been adopted. I am glad however to report that some improvements have been effected, notably in the case of the Postwick Hall Dairy where two cowsheds have been constructed on lines which admit of their being kept in a proper state of cleanliness. These sheds which have accommodation for twenty six cows, are built on sound principles in accordance with the provisions of the bye-laws and although I understand they will shortly be unoccupied owing to the tenant retiring from business, they will remain useful examples of good cowsheds built without an unnecessary expenditure of money. They will doubtless very soon be again used for the purpose for which they were intended.

Further legislation with the view of securing a purer milk supply is promised in the near future and this may necessitate the more strict enforcement or the revision of the existing bye-laws. In the meantime I would draw the special attention of the Council to Sect. 7 of the Local Government Board Dairies, Cowsheds, and Milkshops order of 1885 which provides for notice in writing to be given to the Sanitary Authority before any building can be occupied as a dairy or cowshed, which has not been so occupied before; and also provides that such building be constructed to the satisfaction of the Sanitary Authority. It is most important that the powers given by this section should be made use of in every case.

RESEDAHAM

Notifiable infectious disease for the past year is represented in this village by a single case of Enteric Fever. The origin of the infection could not be traced but a defective bin privy was discovered and replaced by one on the pail system. Whooping cough was prevalent among the children at the beginning of the year and was the cause of one death.

The population, estimated to the middle of 1908, is 809. There were twelve births and exactly the same number of deaths, which gives a birth-rate as well as a death-rate of 14.8. There were no deaths of children under one year of age.

THORPE VILLAGE.

Population Census 1891. 1,317 (without Asylum)
" 1901 1,507 (without Asylum)
Average Annual rate of increase 19.
Estimated population middle of 1908- 1.650
Births 34. Birth-rate 20.6
Deaths 19. Death-rate 11.5
Zymotic death-rate 0.07
There was one death from Whooping Cough but no death from any of the notifiable diseases.

Table showing death-rate etc. for past ten years.

Year.	Estimated Population.	Number of Deaths.	Death-rate.	Zymotic Death-rate	Death-rate for whole District.
1899	1469	12	8.1	0.0	12.5
1900	1488	26	17.4	0.0	14.6
1901	1507	18	11.9	0.0	14.4
1902	1531	18	11.9	0.0	13.3
1903	1550	26	16.7	0.0	13.6
1904	1570	22	14.0	0.0	14.1
1905	1590	21	13.2	0.0	13.3
1906	1610	12	7.4	0.0	11.4
1907	1630	10	6.1	0.0	12.2
1908	1650	19	11.5	0.7	14.0

The above table shows that the death-rate of this village is as a rule lower than that of the District as a whole, while the zymotic death-rate is practically nil.

Enteric Fever. A single case occurred in a cottage detached from the main part of the village and, as there was a good garden, no difficulty was experienced in dealing with the infected excreta.

Scarlet Fever. At the end of October three children in a family living in the Tan Yard were attacked with Scarlet Fever. Children living in the Tan Yard and the neighbouring cottages were kept from school and this outbreak did not extend beyond the cottage in which it originated; at the end of November and through December, however, seven cases were notified from the extreme East end of the village.

Drainage. A proper system of sewerage and sewage disposal for this village has been a recognised necessity for many years. In Sept. 1907 a report was presented by Mr. Arthur J. Martin M.Inst.C.E. and this report has been considered by the Thorpe Parochial Committee, a Parish Meeting, and the District Council. The general idea of the proposed scheme has been accepted by these several bodies, but some of the details are still under discussion. There is a probability that these will be shortly decided on and the work commenced.

The scheme provides for the requirements of a prospective population of 2,000 and a dry weather flow of 20 gals. per head, that is a total of 40,000 gals. per diem. Allowance has also been

made for a reasonable quantity of storm water, although every precaution will be taken to reduce to a minimum the quantity of surface water finding its way into the system. This appears to be an ample provision for the present and future requirements of the village unless it is contemplated to receive the sewage from the County Asylum, which at present has a system of its own.

The total length of the sewer will be 4,800 yards and it will be constructed of 6" and 9" glazed pipes. As many of the gradients will be somewhat flat, manholes at short distances will be required, as well as some arrangements for flushing. At the west end of the system the sewage will require lifting by means of a pump, electric power from the mains is suggested for the purpose.

The proposed site of the disposal station is a piece of land of about two acres in extent situated to the south of the cemetery and close to the embankment of the Norwich and Cromer line of railway. Here a second electric power pump will be required to raise the sewage from the tank into which it will be collected by gravitation.

The precise mode of treating the sewage is not clearly stated in the report, but some method by Septic tank and Bacterial Filter will be employed. The site selected for the disposal station, though open to some objections, is perhaps the best that is available, much depends however, on the detail of the system adopted for the purification of the sewage as to whether or not a nuisance is created. Assurance on this point is essential before a site is finally decided on. The purified effluent will naturally pass through the marsh dykes into the river and should be perfectly innocuous.

It has been roughly estimated that the cost of construction will be between £5,500 and £6,000, and that from £110 to £120 will cover the working expenses for a year. If this estimate should prove correct it will be a small price to pay for an efficient system of drainage for the village of Thorpe St Andrew.

Scavenging. No complaints have been received of the way the scavenger does his work. The pails used in the closets are in many instances too small and of the wrong shape; they are also often found placed at some distance below the seatboard instead of nearly flush with it.

There are now on the scavenger's list 222 pail privies, 38 sanitary dustbins, and 10 ashpits.

New Buildings. Plans for three new buildings have been submitted for the consideration of the Council. The plans for two cottages were rejected in consequence of the site being too small to allow the cesspool to be constructed at a sufficient distance from the building so as to comply with the bye-laws.

FACTORIES & WORKSHOPS ACT, 1901.

A special table, formulated by the Home Office, dealing with matters under this Act is attached to this report.

The factories and workshops in the District are few and of such a nature as to call for little attention in respect to their sanitary condition.

The Bake-houses, which are included in the list of workshops, have been under inspection during the year and are kept in a very satisfactory condition.

I have the honour to remain,
Your obedient servant,
H. H. BACK, M.B. (Lond.)

Medical Officer of Health to the
Blofield Rural District Council.

Acle,
Norfolk.
March 1909.

